

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calv</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hosp.</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Janie</u>	(Middle) <u>G.</u>	(Last) <u>Alston</u>
4. DATE OF DEATH	(Month) <u>1</u>	(Day) <u>14</u>	(Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/1/1905</u>
9. AGE last birthday <u>45</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Gloucester, Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Webb</u>		14. MOTHER'S MAIDEN NAME <u>ANNIE Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
(If year, give year or dates of service) <u>No</u>		17. INFORMANT AND ADDRESS <u>Adline Brooks-Huntington, Md</u>	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Hypertensive Cardio-Vascular renal disease</u>			
Antecedent cause(s) (b) <u>131a</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>131a</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-10....., 1950, to 1-14....., 1951, that I last saw the deceased alive on 1-14....., 1951, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) Huntingtown, Md. ADDRESS 1-15-51 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>Jan 20-51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Andrew's</u>	LOCATION (City, town, or county) <u>Calvert</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG. <u>1/19/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	M. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>512 (Enoch)</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lusby, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>Lusby, Md.</u>	
3. NAME OF DECEASED (First) <u>DANIEL</u>	(Middle) <u>H.</u>	(Last) <u>BARFIELD</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>3</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE last birthday <u>78</u> yrs. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u>		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT <u>Mrs. Etoka Barfield, Lusby, Md.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Acute Sclero. Cardio. Vascular Disease</u>		
Antecedent cause(s) (b) <u> </u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u> </u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u> </u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from Dec 5, 1950, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

SIGNATURE Grace L. Hutchins (Degree or title) ADDRESS 310-111 DATE SIGNED 1/5/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u> </u>	LOCATION (City, town, or county) (State) <u>Philadelphia, Pa.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. <u>Jan. 6, 1951</u>		24. FUNERAL DIRECTOR <u>Erroy E. Berry, Dares, Md.</u> ADDRESS <u> </u>	

Permit issued to Mrs. L. Powell, N. Phila. Station 290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STANDARD FORM NO. 64
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C.

RECEIVED
JAN 16 1951
S. A. G. 1240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change

in 9 shown on:

FILM No. G 150 JAN 31 1951 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0322

Reg. Dist. No. 52

1. PLACE OF DEATH- COUNTY <u>Calvert</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>2nd</u> COUNTY <u>Calv.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>North Beach</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>North Beach</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co. Hospital</u>		STREET ADDRESS <u>North Beach 2nd</u>	
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 28, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE last birthday <u>78</u> yrs. If under 1 year: Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min. <u>1951</u>
11. BIRTHPLACE (State or foreign country) <u>Mansfield VA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Cyrus Letzer</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Rosenberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Mrs Rhoda Sinclair</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
250x Immediate cause (a) <u>Multiple Rib frac.</u>					
93d Antecedent cause(s) (b) <u>Hypertensive C. V. Disease</u>					
Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last (c) <u>Cholera Gastric</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 30</u> , 19 <u>50</u> , to <u>Jan 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>51</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.					
SIGNATURE <u>George Spett</u>		(Degree or title)		DATE SIGNED <u>1-13-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		DATE <u>Jan 14, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Woodstock VA</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Grace L. Hutchins</u>		24. FUNERAL DIRECTOR <u>Wm. H. Hutchins</u>	
				ADDRESS <u>Wings 700</u>	

RECEIVED

U.S. AIR FORCE
JAN 20 1951
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

0323

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Cabret</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cabret</u>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Dares Beach</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Dares Beach</u>			
TOWN <u>Dares Beach</u>				TOWN <u>Dares Beach</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <u>Julius</u>		(Middle) <u>L.</u>		(Last) <u>Dorsey</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>15</u>		(Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Jan. 15, 1885</u>	9. AGE last birthday <u>66</u> yrs.	If under 1 year Months <u>0</u> Days <u>8</u>	If under 24 hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cabret County, Ind.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Dr. Julius O. Dorsey</u>				14. MOTHER'S MAIDEN NAME <u>Sarah E. Holt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>			
17. INFORMANT AND ADDRESS <u>Virginia Dorsey - Dares Beach, Ind.</u>							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Coronary Occlusion</u>						<u>immediate</u>	
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>None</u>						<u>1930</u>	
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1933</u> , 19 <u>57</u> , to <u>1/15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1/15</u> , 19 <u>57</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.							
SIGNATURE <u>George Spett</u>				ADDRESS <u>George Spett</u>		DATE SIGNED <u>Jan. 17, 1957</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Jan. 17, 1957</u>		NAME OF CEMETERY OR CREMATORY <u>Christ Church Cem.</u>		LOCATION (City, town, or county) (State) <u>Port Republic, Ind.</u>	
DATE REC'D BY LOCAL REG. <u>1-16-57</u>		REGISTRAR'S SIGNATURE <u>H. W. Ward</u>		24. FUNERAL DIRECTOR <u>A. A. Hackman</u>		ADDRESS <u>Law - Mutual, Ind.</u>	

100105



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STILLBIRTH

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

Reg. Dist. No. 5

11324

1. PLACE OF STILLBIRTH

County

Calvert

MARYLAND

City or Town (If outside city or town limits write "RURAL" and nearest town)

Prince Frederick

Street address, hospital or institution

Calvert County Hospital

Length of mother's stay in this County
(Give years, or months or days)

2. USUAL RESIDENCE OF MOTHER

State

Maryland

County

Calvert

City or Town (If outside city or town limits write "RURAL" and nearest town)

husby

Street
Address

(First)

(Middle)

(Last)

3. CHILD'S NAME

4. Sex

Female

5. Twin or other

—

If so, born 1st, 2nd,
3rd

—

6. DATE OF BIRTH (Month, WRITE OUT) (Day) (Year)

January 18 1951

FATHER OF CHILD

7. Full name

James Harmon

9. Age (at time of this birth)

26 yrs.

10. Birthplace (State or foreign country)

Baltimore, Md.

11. Usual occupation

oyster man

Kind of business or industry

Negro

MOTHER OF CHILD

12. Full maiden name

Willard Thomas

14. Age (at time of this birth)

17 yrs.

15. Birthplace (State or foreign country)

Prince Frederick, Md.

16. Number of OTHER children born to mother
(Do NOT include this child)

Now living	Born alive but now dead	Born dead	Total Children (Not including this child)
<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>

17. Length of pregnancy:

26 weeks

Weight of child at birth:

3 lbs. 8 oz.

18. CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

(a) Fetal causes

(b) Maternal causes

Prematurity

776x

19. State any complications of pregnancy and labor

159

20. State all operations for delivery

Burial,
Cremation,
Removal,
Cemetery or Crematory:

(Specify)

Burial

Date

1-20-51

Location

mt olive

Funeral Director

P.E. Sewell

Date rec'd by local Reg.

1-19-51

Registrar's signature

H.W. Ward

If NOT
attended by
physician

21. I hereby certify that this child was born dead on the date

stated above at Calvert m.

Signature

Physician ☐

Midwife ☐

Other ☐

Address

St Leonard

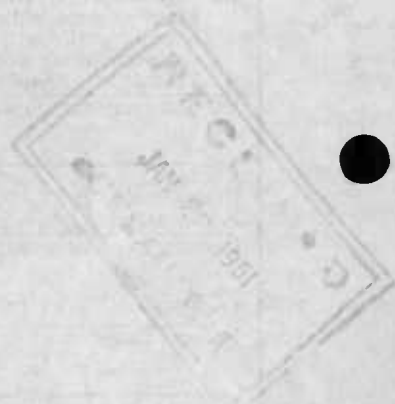
Date signed

1-19-51

"The above certificate has been examined by me."

Health Officer, per —

Baby lived 6 hours



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0325

FILM No. G 130 JAN 18 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lusby</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lusby</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Charles</u> (First) <u>Hayes</u> (Middle) <u>Wages</u> (Last)		4. DATE OF DEATH 1 - 13 - 1951	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH 1/25/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>	9. AGE last birthday 57 yrs.
13. FATHER'S NAME <u>Nathaniel Hayes</u>		14. MOTHER'S MAIDEN NAME <u>Atten Creation</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Annie Hayes</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral thrombosis</u>					
Antecedent cause(s) (b) <u>—</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>—</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 8</u> , 19 <u>51</u> , to <u>Jan 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 13</u> , 19 <u>51</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.					
SIGNATURE <u>A. Williams</u>		(Degree or title)		ADDRESS <u>5 + Hemart, m</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		DATE <u>1-16-51</u>		NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>	
LOCATION (City, town, or county) <u>Lusby, MD</u>		(State)			
DATE REC'D BY LOCAL REG. <u>1-15-51</u>		REGISTRAR'S SIGNATURE <u>N. H. Ward</u>		24. FUNERAL DIRECTOR <u>P. E. Jewell</u>	
				ADDRESS <u>Pr. Frederick, MD</u>	

009896



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0331 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> TOWN <u>Prince Frederick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Paris</u> TOWN <u>Paris</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Westley</u> (First) <u>Raddall</u> (Middle) <u>Rad</u> (Last)		4. DATE OF DEATH <u>January 6</u> 19 <u>51</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 6 1903</u> 47 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (laborer)</u>		11. BIRTHPLACE (State or foreign country) <u>Owings md</u>	
13. FATHER'S NAME <u>Cephas Raddall</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>Engene Raddall. Paris, md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause (a) <u>Myocardial infarction</u>		
131a Antecedent cause(s) (b) <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1-8-51</u> m.		19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u> INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1950, to Jan. 6, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE <u>Dr. W. H. Hard</u> (Degree or title)		ADDRESS <u>Huntingtown md</u>		DATE SIGNED <u>1/6/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>1-9-51</u>	NAME OF CEMETERY OR CREMATORY <u>Carter's Chapel</u>	LOCATION (City, town, or county) <u>A.A. County, Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>1-8-51</u>	REGISTRAR'S SIGNATURE <u>H. H. Hard</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell</u> ADDRESS <u>Pr. Frederick, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

920105



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition
in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0326

CERTIFICATE OF DEATH

Reg. Dist. No. 51

FILM No. G 1-10 JAN 19 1951

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ches Beach</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ches Beach</u>	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Wesley</u> (First) <u>Johnson</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>12</u> (Year) <u>1951</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE last birthday <u>54</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>Home</u>	
13. FATHER'S NAME <u>John Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Jant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Emma Johnson Wellons</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Brain Tumor</u>	<u>1 yr</u>	
Antecedent cause(s) <u>Malignancy status unknown (1/22/51 akc)</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>57d</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13, 1951, to 1/12, 1951, that I last saw the deceased alive on 1/12, 1951, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE <u>1-17-51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Edwards</u>	LOCATION (City, town, or county) <u>Calvert Co., Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>1-10-51</u>	REGISTRAR'S SIGNATURE <u>N.W. Ward</u>	24. FUNERAL DIRECTOR <u>P.E. Sewell</u>	ADDRESS <u>P. Frederick, Md</u>	

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chesapeake Beach</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chesapeake Beach</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Louis</u>	(Middle) <u>H</u>	(Last) <u>Jones</u>
5. SEX <u>m.</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 11, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>65</u> yrs.
13. FATHER'S NAME <u>Louis H Jones Sr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Gross Jones, Sunderland, Md.</u>

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Carcinoma of prostate</u>		<u>1 yr</u>
Antecedent cause(s) (b)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>?</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12/10, 1950, to 11/17, 1951, that I last saw the deceased alive on 11/17, 1951, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE <u>H. Ward</u>	(Degree or title)	ADDRESS <u>Oroqui</u>	DATE SIGNED <u>11/18/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>1-21-51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Edmonds</u>	LOCATION (City, town or county) <u>Calvert Md</u>
DATE REC'D BY LOCAL REG. <u>1-19-51</u>	REGISTRAR'S SIGNATURE <u>N. H. Ward</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell</u>	ADDRESS <u>Prince Frederick Md</u>

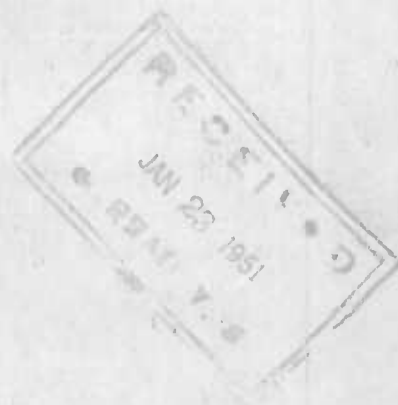
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105

460. 1



MARYLAND STATE DEPARTMENT OF HEALTH

0328

Evidence for addition

in #18 shown on:

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Calvert</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Emma</u> (Middle) <u>Jane</u> (Last) <u>Lake</u> (LAKÉ) (Type or Print)		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>S</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>about 1885</u>
9. AGE last birthday <u>65</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Richard Holland</u>		14. MOTHER'S MAIDEN NAME <u>T</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Robert H Jenkins, Sunderland Md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION Immediate cause (a) <u>Cardiac failure</u> Antecedent cause(s) (b) <u>(Underlying cause "Unknown") - 1-31-51 - ams</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at..... m., from the causes and on the date stated above.

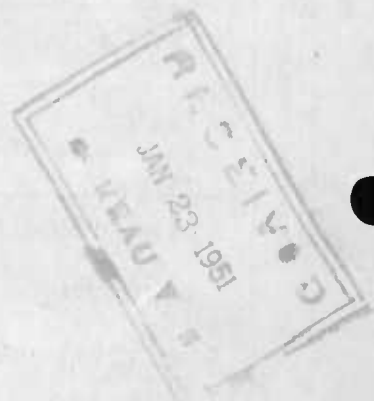
SIGNATURE Howard W. Ward ADDRESS Prince Frederick Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>1-19-51</u>	NAME OF CEMETERY OR CREMATORY <u>Mt Hope</u>	LOCATION (City, town, or county) (State) <u>Calvert, Co. Md</u>
DATE REC'D BY LOCAL REG. <u>1-19-51</u>	REGISTRAR'S SIGNATURE <u>H. W. Ward</u>	24. FUNERAL DIRECTOR ADDRESS <u>P. E. Sewell Prince Frederick Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change in MARYLAND STATE DEPARTMENT OF HEALTH
#8 shown on: 2411 N. Charles Street, Baltimore

0329

FHM No. G 130 JAN 23 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick Md</u> LENGTH OF STAY (in this place) <u>6 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Verdian</u> (Middle) <u>Palmer</u> (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>January 5 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25 1892</u> 9. AGE last birthday <u>71</u> yrs. If under 1 year Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William P. Crawley</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Tennant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>?</u>	
17. INFORMANT AND ADDRESS <u>Hospital Records - Prince Frederick</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cardiac Decompensation</u>			
Antecedent cause(s) (b) <u>Atherosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 10, 50, 1950, to Jan 5, 51, that I last saw the deceased alive on Jan 5, 51, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>Jan 10, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington Nat'l Cemetery</u>	LOCATION (City, town, or county) <u>Arlington</u> (State) <u>Pa.</u>
DATE REC'D BY LOCAL REG. <u>1/5/51</u>	REGISTRAR'S SIGNATURE <u>H. H. Ward</u>	24. FUNERAL DIRECTOR <u>A. A. Harkness</u>	ADDRESS <u>First Mutual Bldg.</u>



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Barstow</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Barstow</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Thomas</u>	(Middle) <u>J.</u>	(Last) <u>Purvey</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 12, 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>88</u> yrs.
13. FATHER'S NAME <u>Steve Purvey</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert Co. md.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Charolett Thomas</u>	
17. INFORMANT AND ADDRESS <u>Willie Purvey, Plum Point.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422.1 Immediate cause (a) <u>Chc myocardiis</u>		
93d Antecedent cause(s) (b) <u>atherosclerosis</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/10, 1948, to 1/17, 1951, that I last saw the deceased alive on 1/17, 1951, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE <u>H. Wee</u>	DATE <u>1-20-51</u>	NAME OF CEMETERY OR CREMATORY <u>Carrolls</u>	LOCATION (City, town, or county) <u>Calvert Co md</u>	(State)
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	REGISTRAR'S SIGNATURE <u>H. H. Ware</u>	24. FUNERAL DIRECTOR <u>P.E. Secord</u>	ADDRESS <u>Prince Frederick Md</u>	
DATE REC'D BY LOCAL REG. <u>1-19-51</u>				

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Dennis Stepany</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>June 15 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>49</u> yrs.
13. FATHER'S NAME <u>James Stepany</u>		14. MOTHER'S MAIDEN NAME <u>Marie Lake</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Elmer Stepany, Prince Md</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Burned to death</u>		
Antecedent cause(s) (b) <u>180</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Found in rooming burned home</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

21. ACCIDENT (Specify) SUICIDE HOMICIDE OF INJURY	PLACE (Home, farm, factory, street, office, etc.) <u>Home</u>	(CITY OR TOWN) <u>Prince Frederick</u>	(COUNTY) <u>Calvert</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) <u>1</u> <u>14</u> <u>51</u> <u>4A</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Home burned</u>		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.

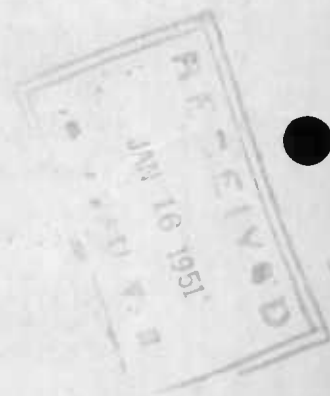
SIGNATURE <u>Howard D. H. Jr.</u>	(Degree or title) <u>Dr. M.D.</u>	ADDRESS <u>Prince Md</u>	DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE <u>1-15-51</u>	NAME OF CEMETERY OR CREMATORY <u>Patuxent</u>	LOCATION (City, town, or county) (State) <u>Huntingtown, Md.</u>
DATE REC'D BY LOCAL REG. <u>1-15-51</u>	REGISTRAR'S SIGNATURE <u>H. H. Ward</u>	24. FUNERAL DIRECTOR <u>P.C. Jewell</u>	ADDRESS <u>Pr. Frederick, Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

100105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

6333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>Broomes Island</u>			
TOWN <u>Prince Frederick</u>				TOWN <u>Broomes Island</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Robert Henry Thomas</u>				4. DATE OF DEATH <u>Jan. 28</u> 19 <u>57</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>June 16, 1872</u>	
9. AGE last birthday <u>78</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Optician</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert County, Md.</u>	
13. FATHER'S NAME <u>Thomas</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		14. MOTHER'S MAIDEN NAME <u>Mary Thomas</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Harry Humphreys - One Point, Ind.</u>				18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
(a) - <u>Coronary embolism</u> -							
(b) <u>Ca of Bladder (?)</u>							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
PLACE (Home, farm, factory, street, OF office bldg., etc.)				(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY				INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			
HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Jan 28</u> , 19 <u>57</u> , to <u>Jan 28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Jan 28</u> , 19 <u>57</u> , and that death occurred at <u>4:22</u> m., from the causes and on the date stated above.							
SIGNATURE <u>R. H. Thomas</u>				ADDRESS <u>Thomas</u> DATE SIGNED <u>1/29/57</u>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Buried</u>		<u>Jan. 30, 1957</u>		<u>Broomes Island Cemetery</u>		<u>Broomes Island, Md.</u>	
DATE REC'D BY LOCAL REG. <u>1-30-57</u>		REGISTRAR'S SIGNATURE <u>H. H. Ward</u>		24. FUNERAL DIRECTOR		ADDRESS <u>A. A. Harkness & Son - Int'l., Ind.</u>	

9/01/26

